

The VALLEY ECHO

The Magazine of the Saskatchewan Sanatoria:
Fort Qu'Appelle, Saskatoon, Prince Albert

MAY, 1960



It's good to have Money

and the things money can buy

but it's good too,

TO CHECK UP ONCE IN A WHILE

and make sure you haven't lost the things

money can't buy

TB found early is simpler to cure. It gets harder to cure the further it advances. TB found now can pay off in years of trouble saved. Don't run away from the possibility of TB.

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THE VALLEY ECHO

spreads information about tuberculosis

In spite of much that is being said, tuberculosis has not yet been conquered, not brought under final control.

People tend to become negligent and such an attitude may be the undoing of the tuberculosis program. Consequently people need continuing education and are being asked to subscribe to this magazine which is published by the patients and staff of the sanatoria.

The price is one dollar a year and is less than cost, and is kept low so that everyone can subscribe. Just sign below and enclose a dollar.

NAME

ADDRESS

Clip and mail to the Valley Echo, Sanatorium, Saskatoon, Sask.

When you and your family have perused this issue, please hand it to your neighbor.

THE VALLEY ECHO

Published monthly by patients and staff of the Sanatoria operated by the Saskatchewan Anti-Tuberculosis League, being their voluntary contribution to the campaign against tuberculosis.

Instructive or amusing articles, poems, photographs, cartoons, etc., are solicited and will be used as space and occasion permit.

The Valley Echo accepts no responsibility for opinions expressed in signed articles.

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Editor Harvey C. Boughton, formerly Medical Superintendent Saskatoon Sanatorium.

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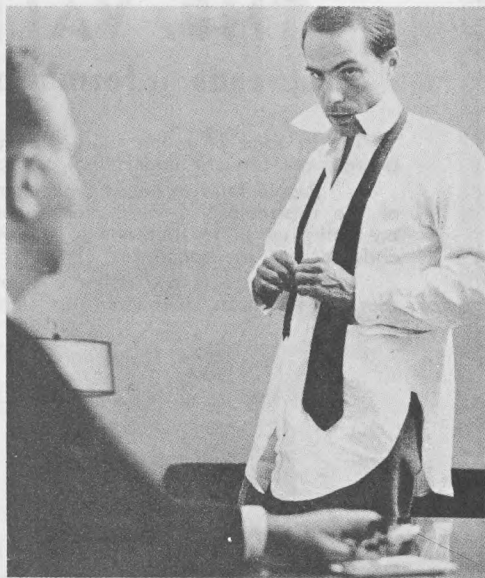
SO YOU ARE GOING HOME

Harvey C. Boughton, M.D.

THE doctor has given you permission to continue your treatment at home, he has said you have done well and that as far as can be judged you will continue to bring your disease under control. You feel that this is the way it should be for you have been a good patient, you have done everything that you were supposed to do and have done nothing that was forbidden—you feel that your conscience is clear and that the doctor's words, permission to leave, and advice, were coming to you—or were they?

Anyway in your mind you are going home never to return. You have no fear of meeting your community for you know that people will accept you, or else why did nearly the whole community at one time or another come to visit you.

What are you planning to do to make good your idea that you will never return to the Sanatorium for further treatment? You knew there were others who had come back a second time and one or two had been in for the third time, but that was not going to be the way with you. You have your drugs to take and that will be an easy matter to arrange even though you do have to go to the doc-



tor's office twice a week for your streptomycin. Fortunately, you think, you did not require any surgery; but here you may be on the wrong track for the follow-up of ex-patients shows that there are fewer relapses amongst those that have had surgery and drugs, compared with those who have only had drugs. Anyway you feel very secure. But are you really as secure in your ideas that in dealing with your disease will lead on without interruption to a complete arrest?

Possibly you haven't looked into this matter, but if you take the annual

report of the Tuberculosis work in Saskatchewan for the years 1954 to 1958 inclusive you will find there were 895 people who came back to the Sanatorium for further treatment and of these 42 died in the Sanatorium. There are many reasons why these came back; some went out knowing that they would be back but there were another 176 who had been getting along very nicely outside of the Sanatorium even for years and most of them had returned to ordinary walks of life. These were termed relapses. These were former patients whom it was supposed had got their disease under control and who would not again need care for tuberculosis. 27 of them had brought their disease under arrest even when they were discharged from the Sanatorium, but they relapsed. These figures are quoted because (1) It is not at all likely that your disease has been brought under "arrest"; (2) because it is likely you do not appreciate, you do not understand that the cards are stacked against you unless you play the game with a master hand. Tuberculosis never lets up. So far there are no drugs that eliminate the bacilli from the system. The drugs may knock them out but they are not dead, and are always ready to spring into action given the suitable opportunity.

To prevent your coming back to the Sanatorium, to further your return to health, to enable you to enjoy your three score and ten (and more), to enable you to bring up your family giving them the opportunities which you did not have, to make you a useful member of the community, there are several items which should be drawn to your attention.

1. If your disease was advanced when you began treatment the likelihood of relapse is more than three times as great as it would have been had you started your treatment when the disease was early.

2. The length of stay in the Sanatorium has its pronounced effect on the relapse rate. If you terminated your treatment in Sanatorium prematurely, either of your own free

will or because you refused to abide by the rules and regulations you will be more likely to relapse.

3. At this time in the world's history, drugs appear to be the most important weapon in the prevention of relapse and therefore you should use them with a religious regularity. Follow the instruction of your physician, whether it be for one more year, or two, or three—and for some it may be that you will be taking some drug treatment for the rest of your lives.

4. A daily routine which includes a definite amount of rest, lying or sitting down at ease is necessary. Fatigue may be the factor that turns the tide against the hopeful patient. Some will need more rest than others and all must be taught to live within their physical resources as judged by the physician.

5. "Check-ups" should never be necessary; but re-examination by your physician in which he reviews your condition are most important. When the patient needs to be "checked up" on how he has been living and as to what he has been doing, and to how he has been playing the game it is then quite apparent that he has not been carrying out the program which assures the security he counted on when he left the Sanatorium.



HOW TB DEALT WITH ME

as told by **Bruce E. Johnson** to **H.C.B.**

In this article I intend to relate my experience with tuberculosis and of course the first question always is—"where did I get it?" My very first brush with the disease was in the fall of 1926 when I was fourteen years of age. That year we had a neighbour, Eli Aune, stook the wheat. I do not remember that he had any symptoms but I later heard that he had been admitted to one of the Saskatchewan sanatoria. A few years later I took my grade eleven at Conquest while working for my board. In those days Rod Moran was clerking in a store but he entered the Saskatoon Sanatorium a few years later. However, I doubt that I could have contracted anything from him because we were never intimate. Still later at harvest I slept in the same bunk house as Emerson McFadden and I became acquainted with the Reid boys, one of whom later spent some time at the San. Emerson recovered from his tuberculosis and had been at home for several years when he became acutely ill and soon died of tuberculous meningitis. I feel he gave me no disease. Still later one of the girls at Outlook, a class mate of mine, had a touch of pleurisy, but that is not an infectious disease. In 1931 there was a church convention at Macrorie. Billeting had been arranged at a farm but because a dance had been advertised in Macrorie for that evening, some of us asked the minister if we could be placed in town. Since dancing is against the tenets of the Lutheran Church we didn't tell him about the dance. Completely innocent of our motives the minister agreed, in fact we all slept in a tent with him. Since I lay next to the minister I gave up the dance idea but my cousin slipped out and enjoyed the evening.

I lay awake most of the night, not so much disappointed at missing the dance but because the ground was uneven. I think I lay on an old ant hill which seemed to get larger with the hours. By morning I was quite

stiff and sore. My discomfort may have prevented my noticing the minister's cough. None of my brothers or sisters reacted to the tuberculin test which seems to indicate that I contracted the disease away from home. It is at least within the realm of possibility that Emerson and the Reid boys and my own disease had a common source. Thirty years ago there was so much tuberculosis that it is difficult to say where I might have rubbed against it.

My health was slowly deteriorating. During the last year at Outlook College I often had chest pains, chest colds were frequent and lingering. The doctor gave the students a physical examination the fall I started but he passed me without examination because he had known me for years. Not being able to participate in sports because of my poor health, I compensated in studies and finally injured my eyes. In fact I undid them and missed two years. When I finally returned to school I was one year behind my younger brother.

I used to have severe coughing spells which would end in vomiting. There was sputum too which was disposed of in a rather primitive but effective way by expectorating on old newspapers and burning them. I noticed that when playing hockey that a heavy body check would upset me severely. Often the pain in my chest would last for days. One incident I do recall when one of our calves got frightened and ran to the bank of the Saskatchewan River about a mile from the barn and disappeared for several days. Then a neighbour told us that there was a black calf existing on the river bank. We decided to effect a capture if we could and made a box trap of open wire with a wooden door which would fall in place if an animal touched the handful of hay. Considerable labor was involved in building this trap and the day was cold. The hard work caused me to perspire even with my coat re-

moved. After finishing I got such severe chest pains that I could not replace my coat so I walked home clutching the rolled up coat against my sore right side. For several days I remained near the house nursing my chest pains which gradually subsided and I resumed doing the chores (the calf ignored the trap but the neighbor enticed it into his barn and I went over and got it in a sleigh box).

Before spring came I suffered an especially vicious body check while playing hockey. This time I fell across the top of a fence about four feet high with my right side over a post. Soon after this the acute soreness disappeared but I noticed that my right side didn't move when I breathed. The sputum disappeared. I have since been told that the disappearance of the pain was due to the developing of fluid in that side of my chest but at that time I did not even suspect that condition. My weight was going down and I guess I looked like a walking skeleton.

This was in 1934 in the middle of the depression years and we lived in the dust bowl. Everything, even health, was blamed on the depression. Because of crop failure I caught a freight and rode on the tender of the locomotive with two professional hoboes to Westaskiwin. I inhaled so much soot and coal slack that night that my chest pains got even more severe and by the time I had reached the end of the line I was almost laid up.

Letters from my mother suggested that I consult a chiropractor in Westaskiwin. Mother had great faith in chiropractors and recommended that I call on this man who was her distant relative. He was blind but his mind was keen. I felt offended at veiled suspicion that I could have a serious disease. But instead of recommending a medical doctor whose advice I might have been able to accept, he only succeeded in making me feel more than ever that there was nothing really basically wrong with me. The next few weeks were rather pleasant for I had found work. I was making hay for a farmer, and incidentally killing myself for I was quite

fatigued. After this I went stooking and I recall that the crop was so heavy that it took four pounds of twine to the acre. The sheaves were very heavy and the rows of stooks were so close that the stook wagon could be loaded from both sides at the same time.

Before threshing got started snow fell so I went riding the rods to Lloydminster where I got a job on a threshing outfit. By this time I had pains in my chest and when I finally returned to Outlook in early October I was so done out that I had to lie around for a few days, mostly in bed.

For the first time I began to wonder if I could have T.B. My parents agreed this was a possibility so I consulted the doctor, describing some of my symptoms. He thumped my chest and said, "I will stake my reputation that you do not have tuberculosis," but he added that he would give me a reference to the Sanatorium "to relieve my mind." I accepted the letter as well as a false sense of security for when I got home I put the letter in my bureau drawer and forgot all about it.

But I was failing more and more and after some months the certainty of serious illness was forced into my consciousness. My parents became anxious and urged a visit to the sanatorium. So I searched for the referring letter the doctor had given me and asked the Rev. Hjortaas (with whom I had slept on the ant hill and whose cough was now quite evident) to drive us to the sanatorium. This clergyman later became a sanatorium patient—but too late.

The minister brought me and my mother to the San in the spring of 1935. By this time I had been ill and had spent many months in bed so I got quite tired waiting for the examination to be completed. The Sanatorium was full of patients and I suspect that the delay was caused by the doctors trying to find some place to put me and finally I was on a cot in what was then the dentist's office. There in the late afternoon Mother came back to see me. The first night in the Sanatorium is still vivid. In the

(Continued on page 23)

LOOK! YOU MIGHT FIND IT HERE...

Questions are solicited from readers of the Echo, whether patients, ex-patients—or just interested.

This department is considered most important and the questions are answered by our League physicians.

Questioners will please sign their names as a matter of good faith but these will not be published.

Question: Why are surveys not carried on until late in the fall?

Answer: First, because by the middle of August people are busy with harvest and do not wish to be bothered with surveys, attendance would be low and the cost relatively increased. Secondly, there is the matter of staff to man the surveys. To a large extent University students are the most satisfactory men to have on our outfits and they must have a few weeks vacation before going back to University. Third, by the time we have gathered up about a quarter of a million records we have about as much clerical work and as much recalling and investigating as we can accomplish properly.

Question: Why is it so important to have every person in the community attend a fluorograph tuberculosis survey?

Answer: The purpose of the survey is to see that there is no hidden case of tuberculosis, no spreader in the whole district. By hidden case we mean a person (and the likelihood is that that person is middle-aged or over), who is apparently healthy but has active tuberculosis with germs in the sputum and who is innocently passing the infection on to other people. This is the type of case that provides next year's crop, the next year and the year afterwards.

Question: Why is pleural effusion always confused with tuberculosis?

Answer: The confusion is that people do not always understand that in young people and probably up to 45 years of age many or even most

pleural effusions are caused by the tuberculosis germ and although people may rather rapidly recover from the wet pleurisy a much longer period of rest treatment is advisable than appears necessary. This long treatment is to do the best possible to prevent other types of tuberculosis following on—tuberculosis in the kidneys or joints or anywhere in the body.

Question: Are the tuberculosis people losing faith in the mass surveys or to put it more bluntly, is less reliance being placed on the pictures taken at the surveys? It seems to me that there are more people being called back from the surveys than there used to be.

Answer: The fluorographic mass surveys are probably the finest method for investigating possible tuberculosis in the masses or large groups of people. They are effective, reliable, and relatively cheap. When one says that they are effective one means that the small pictures do show up suspicions of disease—they rarely fail to do this. If your experience is correct that more people are being recalled then the probable reason is that the doctor who interprets these fluorographs is being still more careful that even small suspicions will not be overlooked.

Question: When I visited the sanatorium a few weeks ago to visit my neighbour I was quite surprised that I saw no patient who appeared to be ill. Was this just a coincidence or might I have seen thin, sick patients in some other part of the buildings?

Answer: It was no coincidence. Altogether the appearance of the new patients is very much the same as the people who walk the streets in your town. Tuberculosis is most often being found in the earlier stages before there is loss of weight, before there is blood spitting, before there are night sweats, before there is illness. You will remember (I hope) the good Book says, "Man looketh on

...THE ANSWER TO YOUR QUESTION

the outward appearance but the Lord looketh in the heart," and in these times the tuberculosis physician looks inside to find out what is going on for the outward appearance may be little or not changed at all.

Question: Can any significance be attached to the time it takes a culture to show growth?

Answer: For all practical purposes, no. A growth which occurs in 3 or 4 weeks probably contains more living germs than one that shows in 7 weeks but being slightly positive is like being slightly pregnant. You can take it from there.

Question: Is it necessary for those who have had a recent x-ray picture to attend a mass survey?

Answer: Yes. In a mass survey every person in the community must be accounted for. And even ex-patients who have been recently reviewed are asked to attend. The fluorographic surveys are detective surveys and no detective force would pass up any person who could be a suspect—and everyone is suspect of tuberculosis until cleared. Quite apart from the practical aspect, every community should have a pride in surpassing every other community in regard to attendance. This is the only way in which Saskatchewan can be sure of getting rid of tuberculosis.

Question: When a mass tuberculosis survey is held why is it necessary to canvass every household in the community?

Answer: In a community, even a health conscious community, only about fifty per cent of the people will come to the fluorograph survey of their own free will; the other fifty per cent have to be canvassed, encouraged, and persuaded.

Question: Do tubercle bacilli have to be found in the sputum for a diagnosis of tuberculosis to be made? Do patients ever have activity without expectorations? If the sputum is negative for tubercle bacilli by guinea

pig inoculation or culture, does that mean that the disease is not active?

Answer: These questions once again bring to light the confusion which exists regarding the phrase "active tuberculosis." But in our sanatoria there have tubercle bacilli in the sputum, either by ordinary microscopic examination, by guinea pig inoculation, or by culture, certainly have "active tuberculosis." But in our sanatoria there are always about ten per cent of patients in whom germs have not been found. In spite of our not finding the germs, we know that these people have active tuberculosis. This is shown by the type of shadow seen in the x-ray film or the fluorograph, by symptoms, sometimes by physical examination findings. No single one of these methods is in itself diagnostic but a combination of them makes the diagnosis of tuberculosis certain, and even though the disease in such instances may be minimal in extent some such patients go on to increased disease in which eventually the germs are cast off and therefore discoverable by laboratory methods. The fluorographic surveys aim, among other things, at finding these early cases of disease even before they are causing symptoms for in such cases there will be no infected contacts as the result of the case discovered with minimal disease. Although the finding of tuberculosis germs makes the diagnosis of activity, yet this is not the only basis for deciding activity. (Persons with inactive tuberculosis are not treated in sanatoria). On the other hand, all sanatorium patients have active tuberculosis but all sanatorium patients are not spreaders.

Question: Is it important to treat just a little bit of tuberculosis in the lungs? In the end would it not be just as well to wait and see if the disease is going to spread and if it does would not the same length of treatment do just as well then?

Answer: Is it important to put out a "little" prairie fire?

POT-POURRI

Gathered, gleaned, expanded, condensed, altered, converted, composed, revamped, with credits to some and apologies to others.

Although the old-time family doctor may have made mistakes now and then, they were not half so dangerous as today's casual attitude toward health and the general refusal to give the doctor a break.

Coronary Disease is the subject of a report in the American Journal of Public health. This study was carried out among the 106,000 general population in North Dakota, beginning almost four years ago. Any persons reported as suffering from this condition were interviewed, as were their survivors in cases where they had died, to determine further data. Initial findings in a group of 228 males suggest that there is a much lower incidence of coronary disease among farmers than among other males, that there is a higher incidence in cigarette smokers than non-smokers, and that lack of physical activity is also probably related to the disease. Dietary histories revealed no striking findings.

A stereophonic stethoscope said to give better distinction between heart tones may soon be marketed in the USA by a German manufacturer. Transistorized models for hard-of-hearing M.D's also are said to be on the way.

In Russia about 20 of every 1000 people go to university . . . in the United States 15 per 1000 . . . and in Canada 5 per 1000. These figures indicate that we are lagging far behind in high education . . . if numbers are any indication. They emphasize, too, the importance of our elementary and secondary school system. For it is in our public and high schools that students of university calibre are developed. If we want more Canadians to go to university . . . then the standards of teaching in our schools must be of the best. There can be no skimping here. One of the great needs in Canada is for more scholarships and bur-

saries to enable bright boys and girls without resources of their own to continue their studies. Here is an opportunity for public-spirited organizations and citizens to make a contribution of vital importance to the future of our country.

Chest x-raying surveys and protection from radiation exposure is given consideration in The American Review of Respiratory Diseases, and says x-ray surveys must be continued for the detection of tuberculosis, cancer, industrial thoracic disease, acute and chronic non-tuberculous infections, chest tumours, and cardiovascular abnormalities. Conventional and photofluorographic x-ray units may be used to survey segments of the population which are expected to show a high yield of thoracic disease, but the x-ray machines must be equipped with adequate protective devices. Tuberculin testing in infants, children, young adults, and pre-natal patients should be developed as a primary guide to tuberculosis contacts. X-raying of the chest for the detection of tuberculosis should then be limited to those in these groups with a positive tuberculin test. Case-finding programs should be re-assessed to determine those segments of the population which should be examined roentgenographically and those which should be tuberculin tested. The instruction and training of personnel should include information concerning the protective devices for all types of x-ray units. A constructive approach is in order to emphasize the continuing usefulness and the need for early diagnosis and treatment of all forms of pulmonary disease.

Gave 16.7 cents for prevention. Such is the contribution of the average Saskatchewanite to the recent Christmas Seal Campaign which netted \$149,653, an increase of only .6 per cent over the previous year.

POT-POURRI

A wide variety of dangerous actions by cyclists were reported as factors in bicycle-motor vehicle collisions. The most common violations of safe riding were swerving into the path of a motor vehicle, coming out of a driveway without exercising caution, entering a traffic lane from behind a parked car, and racing with other cyclists disregarding stop signs or safety regulations at street intersections. A number of the bicycles struck by motor vehicles during the hours of darkness were without reflectors or lights. In other instances it appears, from the information reported, that much of the responsibility for the fatal accident rested with the motor vehicle operator. A few deaths were attributed to hit-and-run motorists.

Lab continues during strike—Some 60 scientific workers made themselves virtual prisoners for six days recently during the strike at the E. R. Squibb & Sons' plant in North Brunswick, N.J. The research personnel at the pharmaceutical firm went into voluntary confinement to continue important scientific projects in the laboratories. Shutting down a manufacturing process is one thing, said Asker Langlykke, Ph.D., director of Squibb's Institute for Medical Research, "but you don't pull a switch, shut off the light, and close the door on research such as ours." During the six days, the scientists were forced to carry on such chores as washing animal cages and feeding and caring for the 17,500 laboratory animals.

The incidence of lung cancer continues to rise and the statistical relationship between it and smoking is now established without doubt. It seems unlikely that the smoking habit will diminish greatly by the voluntary action of smokers, and restrictive legislation is considered to be undesirable at present. There remains another approach to the solution of this problem—namely, attempting to

reduce the amounts of carcinogenic materials in smoke. This has been shown to be a formidable task, but work is being directed to this end.

A new synthetic drug has been found to be just as effective a pain-reliever as codeine, but without many of codeine's undesirable side effects. The new drug is propoxyphene hydrochloride. Its development sprang from efforts to make the United States independent of foreign supplies of opium, from which codeine is made. In equal doses the two drugs were equally effective in reducing the discomfort of the patients. Propoxyphene did not produce as many gastrointestinal side effects as did codeine. Patients did not develop a tolerance to propoxyphene and therefore did not need larger doses to maintain the same pain-relieving effect, as sometimes happens with codeine, he said.

Auto safety belts—Any remaining doubt as to the value of seat belts in automobiles in reducing accident injuries should be dissipated by the information that the United States government has officially declared it wants such belts installed in all autos as a preventive measure. The Cornell University Automotive Crash Injury project has shown that of the 30,000 lives lost annually in motor vehicles, 5,500 could be saved by the use of seat belts and ordered belts installed in all agency autos. The Public Health Service is recommending that car owners throughout the country take similar precautions and is seeking to develop a nation-wide auto safety educational campaign.

Physicians and Dentists under Britain's National Health Service will share \$32.2 million a year in increased pay with increase being dated back three years. Royal Commission recommended increases after three year study prompted by M.D. threats to quit the NHS over low pay.

*It Took Over Seven Centuries
To Kill This Medieval Practice*



Touchpiece for the King's Evil, a gold coin presented to the sufferers from scrofula when touched for this disease by the English royalty.

**The Manner of His Majesties Curing the Disease,
CALLED THE
K I N G S - E V I L.**



London Printer for Dorman Newman at the Kings Armes in the Pauls W.

F. H. Van Houten Engr.

*Portion of a broadside announcing the ceremony of the touch
for the King's Evil.*

One of the most interesting medical practices in medieval times was the healing of scrofula by the Royal Touch. Scrofula, which is tuberculosis of the neck glands, is relatively rare today. But in olden times many people suffered from it, and they called it the "King's Evil," because they earnestly believed that they had to be but touched by royal hands and they would be cured.

It is said that the practice of the "Royal Touch" began in France in 496 A.D. when King Clovis, greatly upset by the illness of a page, was told by an angel: "To cure thy favorite page touch his neck with thy royal and holy hands saying 'I touch thee; God heals thee'." According to the legend the touch of Clovis did cure the page, and from that time on the kings of France were supposed to be endowed with this divine healing power.

Louis IX. of France was a great believer in the Royal Touch and, with great ceremony, used to dispense it regularly. Henry IV, who is said to have touched as many as 1,500 a day, performed the rite regularly at Easter and Pentecost, at Christmas and on All Saints' Day. If the Royal Touch did not cure it was then said that the King was not legitimate—for it was firmly believed that "God granted to true sovereigns the gift of curing everybody."

The Royal Touch was started in England by Edward the Confessor who ruled from 1042 to 1066. The ceremony was similar to the one in France but instead of carrying it out on holy days only the old British

kings performed the rite whenever they felt like it.

On the appointed day the King of England sat on his throne surrounded by his chaplains. One of the chaplains would read the Gospel of St. Mark, stressing the passage, "They shall lay hands on the sick and they shall recover." Afterwards a second chaplain repeated the Lord's Prayer and the people came forward and knelt before the King. The King placed his hands on each one's head, saying, "I touch thee and God heals thee." Then he would hang a gold coin around the patient's neck.

Even the most learned people believed in the King's Touch. Samuel Johnson was touched by Queen Anne in 1712. Richard Wiseman, surgeon to Charles II, in writing a paper on the disease, bewailed the weakness of surgeon's ability when compared with the King's, "who cureth more in any one year, than all our Chirurgeons of London have done in an age."

William IV, who reigned from 1765 to 1837, was the last English king to practice the king's touch. He called it a "silly superstition" and he only "touched" once after much pleading. Instead of using the regular formula he said after touching the patient, "God give you better health and more sense."

With that the Royal Touch which had been practiced by the English Kings for more than seven centuries, passed into the realm of old wives' tales.

S.B.M. News Bull.



When Charles X of France was being crowned at Reims one hundred and twenty-one scrofulous patients were presented for the Royal Touch.

Alumnus - Alumni - Alumna - Alumnae . . .



Dr. and Mrs. John H. Gross and son, David, in their home at 307 Abercrombie Drive. Dr. Gross in Chief of White Service, and he and his family have lived at Battey almost continuously since coming here from Fort San, Saskatchewan, Canada, in 1949. Dr. Gross served in the Armed Forces in 1951-52, a short time of which was spent at Fort Benning, Georgia, and the remainder in Denver, Colorado

From Battey State Hospital, Rome, Ga.

Had a nice long letter from Mrs. Janet E. Salt, nee Wood, of Lloydminster, who was a nurse's aide at P.A. and for a few weeks at Saskasan while waiting her call up for the Navy. After more than two years in the Navy she took a combined laboratory and x-ray course at Regina (where P. E. Hunt, formerly x-ray technician in the League, was the instructor). Carried on with this work at the Lloydminster Hospital until she married and continues to live there. Says she has occasionally done relief x-ray work at the hospital but her four children pretty well occupy her time.

Doloris Bidwell of Tisdale celebrated her tenth birthday in the P.A. San, but now at 15 years is in grade eleven and hopes to be a 'phone operator when she finishes her high school work. She is in good health and credits this to the good care she received during her year at the sanatorium. Her parents look forward for the Echo which they have taken ever since Doloris was in the sanatorium. (The Valley Echo would greatly appreciate such support from all former patients).



Doloris Bidwell in Prince Albert San and now a young lady preparing to go out into life.



It must be over twenty-one years since Mrs. Margaret Reimer was in Saskatoon San, but she writes a long letter from Box 994 Abbotsford, B.C. Her name is now Dirks, but both her husbands have passed on. She is well and spends her time helping her six married children. Betty was born in the sanatorium nearly twenty-one years ago, and is a 'nice big girl now' finished high school and is now a book keeper in Port Alberni. Mrs. Reimer asks about Doctors Hames and Kinnear.

And again going back many years there came a letter from Mrs. Joan (Stephens) Somerville, originally from Kuroki to Saskasan, but unfortunately the writing was from the Aberhart Memorial Sanatorium in Edmonton. After Joan got her pleurisy under control she worked in the Record Office and also had a hand in producing the Valley Echo. She asks to be remembered to Vi Storey. Joan has been well all through the years until January when she developed a pleural effusion. She was married over a year ago to an architectural draftsman.

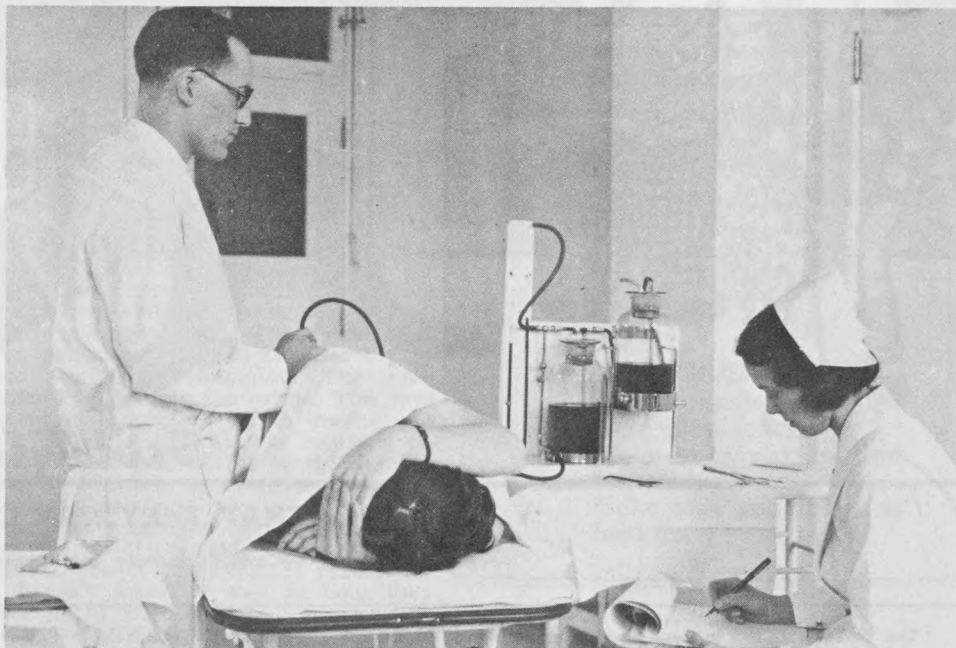
On Easter Monday, we were at the wedding of Nurse Doreen Edna Bamford, whom some of you will remem-

ber as an affiliate and later on the staff of Saskasan. (Doreen is now Mrs. Victor Edwards and her address will be Penticton, B.C.)

At the wedding, I met the former Audrey Hayes, who was in charge of the Saskasan Record Office, but is now the wife of the Reverend Philip Cline of Forrest Lawn, Alberta. The Clines have two children—aged 5 and 2. Audrey asked about many of the people whom she had met at the sanatorium.

When calling at the Saskasan last week I met Maralyn Gunderson (now Mrs. Ronald McLean of 619 K South) with her two lovely children, Barbara 3½, and Richard 2. She affiliated at Saskasan and graduated from the City Hospital, 1954.

One of the most welcome letters was from Hilda Janzen, Reg. N., who was operating room supervisor at Saskasan twenty-six years ago, when she went to Stayner, Ontario, to become Mrs. Hawkins. She has two sons, one in University of Toronto, and another 13 years of age. Her hobby is the local library which she finds thoroughly satisfying and challenging with a budget which makes it a pleasure to buy books.



Nurse Hilda Janzen (now Mrs. Hawkins) and Dr. George H. Hames treating a patient (Edith Hutchinson ?). Those were the days of pneumothorax.

TEACH RESPECT...



THAT THEY MAY LIVE!

—Cartoon courtesy Star Phoenix

The VALLEY ECHO in your hand is an invitation for you to subscribe and thus help in the spreading of knowledge about tuberculosis.



The Old Central Tuberculosis Clinic near the General Hospital in Winnipeg is being demolished to pave the way for the six storey Manitoba Rehabilitation Hospital. This building was built as a bakery when the editor was a medical student in the nearby Medical College, but for the last 30 years has been not only a clinic but also an observation and treatment hospital. It was also a teaching centre for medical students and nurses. Later the M.S.B. moved its headquarters from the Ninette Sanatorium to this C.T.C.

NO HOUSE FOR A HOME

A sympathetic lady visiting a refugee camp said to a little girl, "It is too bad you haven't got a home." The little girl who had lived all her life, as hundreds of thousands of this generation live, in a camp for the homeless, said, "Oh, we have got a home, but we have no house to put it in." This, the plight of little children born to the displaced persons, is one of the tragedies of our world.

There should be no doubt left now where Canada stands on this. The Hon. Howard Green in his first speech before the United Nations pledged Canadian support, and announced that the start would be made by providing home and hospitalization for some of the hard-core families who have been unacceptable elsewhere because one or more members have T.B. Later Mr. Green assured: "The 100 families I suggested was just a minimum. The more families we can help the better. The government is committed up to the hilt on this." He added that he was counting on the national committee for World Refugee Year and voluntary agencies to stir up the Canadian people.

Nearly forty agencies, including the Canadian Council of Churches and constituent members, are co-operating. If readers of this haven't found a way to help they should get in touch with their church, the YMCA and YWCA, the IODE, the Red Cross, or write national HQ at 113 St. George St., Toronto.

Fine and dandy you may look;
But it's not the cover that makes the book!



★ JIM and JUDY say:

The X-ray looks inside
your chest.

It's a sure way to find
tuberculosis early.

Make sure your chest is
healthy.

NEWS *from* PRINCE ALBERT SAN

Staff News

A new member to the Nurse Assistant's staff is Miss Sharon Zakus, of the University of Saskatchewan.

Miss Myrna Danchilla of the University of Manitoba has joined our staff for the summer months.

Mrs. Katherine Wall of the city is helping out with the summer relief work on the Nurse Assistant staff.

Going on vacation late in May are the Misses Ellen Durand, Olive Whitford and Dolores Halcro.

Quite recently all the girls who roomed on Ground Floor Nurses' Residence took up residence on third floor. They are Nellie Coles, Lena Robertson, Fern Matz, Iris Saharia, Doris Kalika and Mary Unran.

Miss Elsie Michalowsky of the dietary staff left recently for Saskatoon where she will be married in the near future.

John Melynchuk of the orderly staff here left for Moose Jaw where he has employment at the Provincial Training School.



PATIENTS' RECREATION COMMITTEE

Left to Right: Melvin Peckakoot, Emily Greyeyes, Bea Lafond, Vi Swindler, Stanley Pruden,

This is the group chosen by the patients to plan and organize their recreational activities. Judging by the variety and enthusiasm displayed they must be doing a fine job.

News of the X-staff and Patients

Rodney St. Germaine called at the San here recently to look over his old stamping grounds and to see old friends. We are always glad to see Roddy. He is looking well. He has been employed for several years now as an orderly at Baker Memorial, Calgary.

He tells us that his friend, Arnold Parks, also an ex-patient, is doing well, and is also employed at Baker Memorial.

We were sorry to hear that an old-time patient, Joe Martenko, is presently in the San there but is about ready for discharge. After leaving here Joe worked at Waskesiu and Banff National Park.



RECORD OFFICE STAFF

Seated: Miss Cathie Pepper, secretary in charge of Record Office. From left to right: Mrs. Christine Bodnarchuk, Steno; Mrs. Mary Graham, Steno; and Mrs. Evelyn Richards, Clerk-Typist.

EAST CENTRE—1st FLOOR

This and that about the boys.

Mr. George Tipawan—feeling much better.

Messrs. Edward Armstrong and James Hamilton — are determined oldsters.

EATON'S OF CANADA

**IT PAYS TO SHOP AT EATON'S
THROUGH THE MAIL ORDER CATALOGUES**

They're up every day. By wheel chair, crutches or on foot. No chance of keeping these lads down.

William Ballantyne, of Buffalo Narrows, is a new patient and, of course, he's staying in bed.

George Sewap is up and around looking very fat and well.

Edward Brittain of Fort a la Corne, is a fairly new chap and is getting used to staying in bed.

Albert Morin, the shy fellow, but you are getting up, aren't you?

Colin McLeod gets around too. Out to the front entrance, eh?

Angus Merasty, Gilles Jolibois, both feeling fine, but on restricted exercise.

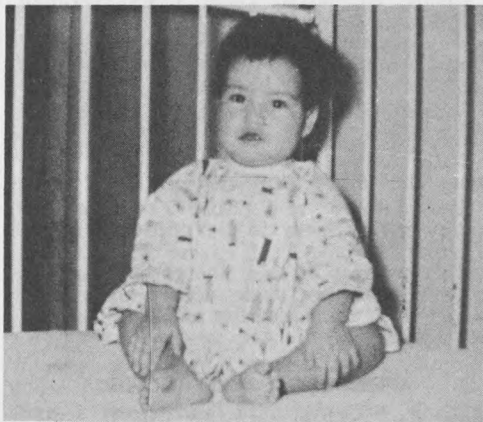
Thomas Cook, Ed Pachapis. Both behaving very well.

Abel McKenzie, just arrived back from Saskatoon Sanatorium after having surgery. A bit weak yet, that's to be expected.

Moses McLeod has full exercise, but never overdoes it.

Mr. Girkinic has gone bag and baggage to Bachelor's Paradise East II.

Walter Oleksuik, a good patient, gets up once in a while. Can he help it because he read the Valley Echo article! Sh! Sh!



A real live doll with Italian haircut, too.

Anita Elaine Cardinal

A very charming name for a very charming young lady who was one year old February 24. Anita stands alone and has just started to walk. She is camera conscious and poses whenever a camera appears. Anita's mother, Mrs. Dora Cardinal, is a patient on second floor. Once a week Anita goes with a nurse to see her mother who is very proud of her.

SECOND EAST

The boys in the bachelor apartments on Second East are all happy, but are so busy that no one has found time to write the news.

WEST WING—FIRST FLOOR

After not reporting to the Valley Echo for a few months, here we are, back with the latest happenings and activities of West Wing patients.



Patients enjoy a basket social and musical evening.

155—Mr. Philip McKay, one of our three total-bed patients, never gets out of bed and keeps himself busy reading books and magazines.

156—Mr. Alvin Halcro, who really knows Sanatorium life so well, is starting to get around, even outside. Watch out, Alvin, you'll be going to the dining room soon.

157—Mr. Alf Bielby came in just a couple of days ago and is just warming his bed. Mr. Bielby was a patient here away back in 1947.

158—Mr. Clarence Nelson stays in bed. He spends much of his time watching TV, but he doesn't enjoy watching Huckleberry Hound; that's funny, I thought EVERYONE watched Huckleberry Hound.

159—Here we find Mr. Norval Dahl, new teeth and all. Mr. Dahl got full dining room a while back and makes good use of the outdoor exercise that goes with it.

160—Mr. Dan Melby stays pretty close to bed, too, except for evenings when he gets up for a short time.

161—Mr. Frank Anderson takes a walk in the balcony every day. He also recently had a pass home for a few days.

162—Yours truly, Mr. Jim Inkster: no comment would be best.

163—Mr. Marius Arcand, another man who recently got dining room three. He enjoys his long walks, where to, I wonder?



Checkers and Bingo at the bedside. Left to Right: Virginia Buck, Cecile Keenatch, Eliza Crookedneck, Bell Chickenrunner, Jane Thomas.

164—Mr. Jacob Charles is a quiet man. He's playing the game right—stays in bed and minds his own business.

165—Mr. Ed Tourand is just back from a leave and found himself in a new room—but nothing bothers Ed. He's a good sport.

Now we skip to 167 where we find the Goulets, father and son. Father Goulet is on full exercise and son Ovide stays in bed 24 hours a day. Good boy (?)

168—Mr. Mike Gulka who doesn't have to turn on the radio for good music. He has his own record player and many good Western records. He is also a willing player for our whist and bingo nights.

169—None other than Mr. Alex "Sandy" Folster, our pro dart player. He will take on anyone and defeat them in a game of darts. Anyone wanna try him?

170—Mr. Albert Mackie joins Mr. Anderson for a walk in the balcony every day.

171—Mr. George Glaister sticks close to bed and reads quite a bit.

176—Mr. Eugene Arcand is now on the Orderly Staff. Not a bit tired, and why should he be? No patient ever took as much exercise as Eugene and it paid off this time.

That's about all for this time. If all goes well, and I don't get kicked out, this is Jim Inkster saying we'll see you next month.



Mr. Arcand surveys his dinner tray.

WEST CENTRE—SECOND FLOOR

I'll try to get you up to date on this little section.

We see Mrs. Tolofson back again. Hope you'll be feeling better soon.

Mrs. Uppestackekoos (try to say that one) is just sitting waiting for the weather to turn fine. She has ideas about what she'll do when that time comes.

Mrs. Fox, Mrs. Kimbley and Mrs. Wut-tunee are now eating meals in the dining room and enjoying the experience very much.

Mrs. Folster enjoys her walks on the balcony and the corridors. It is nice to see you up and cheerful.

Hilda Garvin still hasn't found a room-mate. Could be patients are getting scarce.

Adeline Montgrand is feeling better and looks forward to seeing her little lad every Sunday from children's ward.

Pelagie Janvier is still sad and lonely. What can we do for Pelagie?

By Violet Swindler.

EAST CENTRE—SECOND FLOOR

Here's some news scraped for this section.

Helen Thomas saw her room-mate, Ida Ratt, go off to Saskatoon San for surgery and is now alone.

The folks in Prince Albert heeded well Jack Cennon's appeal for quilt patches, as a result the following are busy making quilts: Eliza Crookedneck, Bella Chicken-runner, Mrs. Kam, Mrs. Wapass, Mrs. Fox and Mrs. Daniels.

Dora Cardinal waits for Sundays when she sees her little daughter, Anita, from children's ward.

Cecile Keenatch, Bella Cook, Hannah Kitchener, Ellen Ballantyne, Harriet Ross and Josephine Ernest all got same new clothes lately. Don't forget, girls, these clothes are to wear **here** not at **home**.

Virginia Buck is alone again but doesn't mind one bit.

Rita Switzer gets up a little each day now. That helps to make her happy.

Bea Lafond and Elise Tawpisin are happy girls. Seem to be enjoying themselves.

The patients on 2nd floor are pleased to have a room set aside where an ironing board is set up. A sewing machine also has been added. So the gals are real busy now.

WEST WING—2nd FLOOR

Many patients here had flowers and plants at Eastertime which gave the wing a spring-like air even before spring came.

Mrs. McGown feels fine but is not looking forward to third floor for sun.

Mrs. Hawkins enjoys her walks outside and in this weather it is really a treat.

Mrs. Jennie Elliot and Vicky Finlayson are busy girls with handicrafts and visitors.

Bella Arcand is busy making pretty little doilies and other dainty things. She also goes out and picks crocuses for the bed patients.

Mrs. Stene has a lovely hair-do. Do you think you'd have time to do something in that line for the rest of us?

We enjoy seeing Mrs. Inkster's two little girls who visit every Sunday from Children's Ward.

Mrs. Pidskalney is the girl who gets the visitors.

Mrs. Cook keeps busy with two dresses, surely things will be fine now.

A PATIENT AGAIN AFTER 30 YEARS

Early in 1930 Mr. Marius Arcand was admitted to Room 142 at the Prince Albert Sanatorium. Thirty years later, March, 1960, by a strange coincidence, he was again admitted to Room 142. Mr. Arcand remarks on the changes in the thirty years. "In 1930," he says, "nearly all patients were in bed resting." It was the only treatment then. Many patients were very sick. Staff were busy 24 hours a day giving bedside care and attending to the many lung hemorrhages. He mentions the continual coughing that racked so many and kept those awake who might have slept.

"Now," says Mr. Arcand, "most patients are happy, there is music and singing. Very few patients stay in bed . . . many, many changes indeed. We have drugs now, but we must not forget that **rest** is still a basic need for the Tuberculous patient."

NEWS from SASKASAN

by C. Harry Armitage

Jim Smith, one of our Orderlies, is back on the job again, after minor surgery at the University Hospital, and the men are tickled pink that he is back.

You see Jim is our "butcher," or barber, if your prefer, and during Jim's absence some of the men really began to think they would soon have to borrow a soup bowl off the trays and start cutting one another's hair, but they kept stalling off until finally Jim saved the day when he appeared toting his barber kit and a list of well over a dozen tonsorial jobs to do, after duty hours.

Several days later he had plenty of hair lopped off and the men once again looked respectable and happy. "You are next."

In 1955 Sister Romana, nurse-in-training from St. Elizabeth's Hospital, Humboldt, entered the San as an affiliate. Today May 1st, 1960, almost five year's later, she returned to visit a few patients she knew while affiliating here, and also a recent patient, Sister Geraldine, who became ill after only a short period in the same hospital as Sister Romana trained in. Sister Romana completed her course just recently in nursing administration at the University of Saskatchewan and will join the staff of St. Elizabeth's in an administrative capacity.

Hurrah for our side, the assistant nurse's

are now wearing identification tags, and the patients now know who they are, their "job," whether Mrs. or Miss, which makes sense. It also affords a means of identification among the assistants themselves on different floors and the same applies for the affiliates. Not only the assistants are wearing the tags, the nurses in charge, graduate nurses, and I understand a few "kitchen" girls are also doing so.

The tags, measuring three inches long and an inch wide, which allows lots of space for large lettering thus making them easy to read, they are made so information about the wearer can be changed by pulling out the cardboard with names, etc., thereon and substituted tags, change of ownership, etc. It's a splendid idea.

Looking over the list of picture shows billed to be shown at the Santaorium Lecture Room from May 4th to June 29, 1960. Looks as if we are in for some good ones such titles as:

"Strange Lady in Town," starring Greer Garson, and co-starring Dana Andrews and Cameron Mitchell. "The Searchers," starring John Wayne; "Hell on Frisco Bay," starring Alan Ladd, "Battle Cry," starring Van Heflin. Jack Pook, who as a lone wolf occupied the fourth floor for some time, has been joined by Art Lewis and Henry Peters. The Three Lone Rangers seem to like their new location very much.

On Sunday afternoon May first, Miss Jessie Oliphant, Charge Nurse, and her Aides and Affiliates were busy as bees delivering beautiful tulips to patient's wards, donated by Rotarian J. W. Hughes, Kelowna, B.C., and the Saskatoon Rotary Club. Each bouquet was accompanied by a card reading, With best wishes for your health and happiness from Rotarian J. W. Hughes, Kelowna, B.C., and the Saskatoon Rotary Club. The lovely flowers were very much appreciated and on behalf of those receiving the flowers, an annual event, many thanks to Mr. Hughes and the Saskatoon Rotarians.

Old time sentinels, in the form of poplar trees gracing San property for many years and reaching heights well above the roofs of San buildings, have been cut off about 14 feet from the ground. 22 of them are said to have gone under the axe. Play the Dead March. Mrs. Dick who, while away in another hospital had her room very prettily painted and curtained, is not the only patient who can lay claim to a redecorating job.

The fellows in 254, Hubert Kelly, Frank Christopherson, and Harry Hlady, moved their gear and themselves into the East Corridor, and stood (Pat) until their room was redecorated. You can't "win," Mrs. Dick.

George Stewart, room 265, packed his TV set and sent it home, placed a few essentials in his "kit bag" and beat it, destination University Hospital. Why? for surgery. He hopes to part company while there with his pet ulcer and after a recuperating period, return here to his old room.

On April 27th, at 11 a.m., east end of the building, a terrific roar was heard as the diesel power on the A.C.T. van began charging the batteries on the van for the summer tuberculin, x-ray survey work. The van, already on the road, is scheduled to finish August 1.

WOMEN'S TOWN—SECOND FLOOR

By Martha King

Mrs. Jane Turuk was discharged on April 28th. The ladies from this wing gave her "a cat and a mouse" made by a man in the centre wing.

Mrs. Dick returned to the San after her stay of two weeks in the City Hospital. Two Clubs the K-ettes and the K-40 painted her room and put curtains up. The walls are a bright shade of turquoise and the ceiling is a light coral. The curtains are a lighter shade of blue. All these combined make the room by far the nicest in the wing; because of this some ladies were threatening to move in before she returned. Mrs. Ruby Roe was discharged on the 30th of April. Mrs. Trotchie was moved into Ruby's room on the 1st of May. Mrs. Gladys Tomlin was moved up to third floor on the 2nd of May. She is to have surgery. We wish you loads of luck, Gladys.

Martha King was moved into room 212 on the 28th of April.

THIRD FLOOR JOTTINGS

By Bob Blampied

Now that the river ice has gone, the grass getting green and the birds back, you see a number of patients looking out their windows with that "want to go home" look in their eyes and after a winter of surgery, the doctors have a bigger worry on their hands, the patients asking "can I go home for a day, doc," "can I go home for a week, or can I go home, period."

First I would like to report some late news. In our river ice pool, Mrs. Offet won first prize of \$6.00. Mrs. Dickinson won second prize of \$4.00, while W. Hrynuk won \$2.00. Vi Story is the best cribbage player and \$1.60 richer. Vi has since been discharged. Good luck, Vi, Herbert Acton, Dip Fong, M. Jonasson and Eddy Becker won \$1.00 each in the Stanley Cup Pool.

Rummy is always a good pastime with Charlie Lun accusing everyone for holding his cards. There is no hold up in See Sings room, he is just watching his cowboy TV shows, while Bob Blampied is reading his paper and enjoying a cigar. Our friends A. Johnsgaard, H. Acton and Mike Jonasson are giving the TB bug a bad time chewing snuff, while H. Gervais with his feet higher than his head in bed makes life more pleasant for the little devils by chewing gum. Detective Peter Filyk has his hands full keeping order in the wing and is now trying to blow his TB out through a mouth organ to the tune of Little Brown Jug. Bill Whitecap has gone home to look after his cattle.

While visiting Mrs. Holmes we saw a

wheel chair being pushed by with Sister Geraldine in it. On talking to her later she said she felt like a stranger in the corridor as it was the first time out of her bed for three months. It's a start, Sister, and good luck. I didn't hear it but the way Mrs. Fontaine and Marie Mireau were laughing it must have been good. Post-operation patients doing well are Mrs. Bernadette Ballendine of Battleford, Harold Greenslade of Maymont, Mrs. Marie Epp of Waldheim, David Wasacase and Hubert Kay of Fort San.

"New York is big but this is Biggar" the home of Edward Fraser who is coming along after surgery.

Our best wishes go to a grand lady who has shown us younger generation how surgery should be taken is Mrs. Marie Thinn of Prince Albert who is 72 years old and doing good, good, good.

Mrs. Muriel Pattison, former teacher at our San and an ex-patient, is back for surgery. Good luck, Mrs. Pattison, and may you soon be back with husband who is a United Church minister at Esterhazy.

It is always nice to drop into Mrs. Julia Berghland's room and reminisce about the comings and goings over the last few years. She has just undergone another operation making it one more since the last writing for a total of ten. Our best wishes go not only to you, Julia, for a speedy recovery, but to your husband who is a regular visitor.

After two bouts of surgery it is good to see Sara Hardlotte up and around again. Sara celebrated her 8th Sanatorium anniversary on the 1st of April.

Looking out the window we see Agnes Bouvier getting some fresh air. A very popular little girl from second is 7-year-old Linda Carnduff, who is quite an opera singer. Jim Bileski, after his second operation, is mobile again but a little sore on one side. You'll have to carry your "cokes" under the other arm now, Jim.

In the east wing we have two newcomers, John Wharton and Paul Keen. Bert Allen is keeping his bed warm. Hope to see you up soon, Bert.

Now that the patients have been blessed by a thing we wanted this last number of years, a patient pay Telephone, we are thinking of getting a petition to try and get a licensed Beverage Room in the San, thus saving the patients the trouble of going out for it, and maybe catching a cold. Anyone wishing to sign, see the charge nurse, Mrs. Dodd, who will exhibit quite a reaction.

Mrs. N. Tomlin, room 220, was the first patient to use the newly installed pay station phone on 2nd floor. The installation was completed at 4 p.m., April 22, 1960, and Mrs. Tomlin was busy phoning Mrs. Ray Wieman, a recent addition to the staff as an assistant nurse; the time was 6.30 p.m.

The first child to use the phone was Linda Carnduff, who was wheeled to the phone on her strykerframe, to phone her mother, who was very surprised to hear Linda. Since the inauguration, numerous patients have used the phone, all of whom

are very pleased to be able to avail themselves of this service.

Good luck wishes go out to the following personnel who have left for greener pastures: Mrs. Ferris, R.N., who always greeted us before breakfast with a big smile, a cheery good morning and a Strep needle; Kay Hein who went to Edmonton; and Pat Haugen to obtain more training; while Hedio Friesen left us to get married to Mike Balough, who is an ex-patient. Government pays a small monthly bounty, Hedio, that pays to collect in more ways than one, I know we get paid for three. Flash, after escaping.

"Sadie Hawkins" day on 29th of February, rumour has it that our favourite third floor orderly has been caught in the Leap Year rush. Will know more before next issue.

* * *

Here I Am, Folks

I've just made my debut into society . . . I was born 12.30 a.m. Sunday, March 13, 1960, weighing 7 pounds. I have three Christian names, Myron Paul William, and am the first child of Mike and Ella Korol, who are presently living at the Sanatorium for an indefinite time. I was born in the University Hospital, the newest of Saskatoon's hospitals. A five and a half hour eclipse was visible on my birth night.

Nursing Sister Kuffner and Mrs. R. A. Bean, both Saskatoon staff graduate nurses, officially notified "Pop" of my arrival, when at approximately 1 a.m. they advised him "Mom" wished to speak to him on the phone. Imagine!!!!

"Mom" and I are doing OK, you bet. While we were taking things easy about 8 a.m., "Pop" back in the San was receiving congratulations on my account and handing out cigars to the men and the patients at the San sent "Mom" and "Dad" a beautiful congratulatory birthday card, inscribed thereon approximately 27 names of patients and nurses. I hope Mom will paste the card in my Baby Book along with this article so that I can show them to my girl friends and others 20 years hence. No foolin'.

Daddy paid Mom and I a visit early Sunday afternoon and I think he was very favorably impressed with his first "bundle of joy" and also that my arrival was about the biggest event that ever happened in Saskatoon. Mom thinks he's right.

Daddy promises me, if I'm a good boy, and I intend to be, that he may take me to the Saskatchewan Power Christmas party next Christmas with he and Mom.

"Aw, Gee," here comes the nurse to change my diapers so I'll have to stop writing for a few minutes. It seems they're always changing my diapers. I hope she's an expert at handling safety pins, as my skin is too tender as yet to stand safety pin stabs.

Mom and I were discharged from the hospital March 18. I left two hours earlier than Mom. Daddy came up for Mom at 12.30 p.m. They visited Mom's great Aunt Francis Watchicoski, and it happened to be

my grandmother Gresiukowich's birthday, so they celebrated. My folks returned to the San at 5.30 p.m. where they will stay until they are well.

In the meantime I'm staying at Blackadder's and eating them out of house and home. I hope they won't take a notion to kick me out.

Well, folks, that's it for now. Hope to see you all sometime.

MYRON.

Mr. and Mrs. Korol are still receiving congratulatory cards on the birth of their son, and have about 25 on display suspended from corner to corner of their room. Mrs. Korol is back in her San bed as a total bed patient.

* * *

T.V.S. #78 CANADIAN LEGION

Seems we've had a bit of activity lately within the branch and Ladies' Auxiliary. The highlight was the social evening and dance held by the ladies at Sutherland on Saturday, April 30th. It was a wonderful evening and a huge success all around. Our heartiest congratulations to the ladies, under Kay Oshanek for a job well done.

Our president, Doris Hearn, wishes me to convey our thanks to all members of the Branch and Ladies' Auxiliary who gave so much of their time to aid the Salvation Army canvass; we collected \$362.66, a gain of some \$80.00 over last year's canvass of the same area.

A special thanks to Dr. and Mrs. McPherson for the fine refreshments provided for the weary canvassers after we were through.

It was good to see Bob Blampied around again. His help with the Red Shield drive was invaluable.

Once again our best wishes to Andy Walker and Mary Spani on their coming marriage, May 13, 1960.

Don't forget your Betty Crocker box tops, the ladies are aiming to get tables or some such item in the near future. Mrs. Agnes Crowe, WI9-2616, is in charge of collections. William Donald, youngest of the Crowe's, won \$100.00 and a silver cup in a recent Swift's contest.

Two car loads made the trip to P.A. and a wonderful time was had by all. These trips are a grand thing for the Legion and we look forward to them very much. Note: I wonder why that one car came in so late???

NEWS *from* FORT SAN

Some little time ago a certain patient from EII was instructed by his doctor to take off some surplus fat, to do so he was to take walking exercises out doors. This was alright for a while but it got too much for him as there were too many pretty nurses around. Now for some reason or other you can always find him at the entrance of the nurses' cloak room. He is a well-known character and speaks a language of his own. He is short and fat and he has got a new set of teeth. He is a jovial individual, is harmless so don't be afraid of him. What is his name? Well you guess it.

There is a patient in E.II who thinks he is an expert on card games, but right now he is looking for someone to teach him how to play bridge. It seems he was in a bridge game the other night, but no matter how much help he got from his partner he always managed to go down a few tricks. How about it Mac, will we try it again some night?

Have you noticed lately all the strange faces in the dining room? They are a fine body of men who have been bitten by that detestable T.B. bug, but owing to the skilfull treatment of our doctors and the tender care of our nurses we have won another battle. You will notice how smart they march into the dining room as soon as the waitress gives them the whistle. At the head of the parade is good old J. Gullickson who drags one foot a little. He is followed by his old pal Ernest Muckelt who throws his stick away before entering. After this the rush is on and boy are those waitresses busy then. Well boys keep it up and you will soon be on the outside looking in.

Writing for E.I and II, I would like to add a few words to our beloved charge nurse. She rushes to work like a lion, then visits each of her patients, wants to know if you have been good boys while she was away. After a few kind words she issues the orders of the day and boy you sure spring to attention when she talks to you. After it is all over she gives you a nice little smile and tells us it is all for our own good. She would make a good sergeant major but just the same we all

respect and love her and we hope she will be with us for a long long time.

To all who are interested in music, singing, a little theatre work and are looking for a group of people who could entertain either adult or children, I would advise you to contact nurse Rose Derbyshene of the Union Hospital, Moose Jaw. These people are a swell bunch of student nurses who entertained the patients at Fort San, so if you want to laugh and grow fat just ask these people to put on a show for you. We were treated to singing, dancing and a fashion show, the highlight of the evening being a "true to life" skit, depicting a patient's day at the San. Wouldn't that Emcee be a ball at a party!!! They are known as the A.A.'s, in other words amateur amateurs. I would like at this time to convey to these girls our sincere thanks and appreciation for the wonderful night's entertainment they gave to us. We also wish you the best of health and long life to carry on in your grand noble profession.

Oh, yes, we will state that upon entering your reporters room, many have been confused as to whether they are hospitals rooms or beatnik hang-outs. To disperse any further confusion—they are beatnik hang-outs!!

WEST I

Mrs. Katie Ralston and Mrs. Lily Berkl left here April 27th to return to their homes at Yukon. Mrs. Wilf Clarke spent Easter with her family at Weyburn. We are glad to see Nora Whelan recovering after the past few weeks in bed. Donna Fraser spent a few days at Easter with her relatives at Zealandia. Donna also attended her girl friend's wedding and reports an enjoyable time. Esther Adams is awaiting her relations to call for her any day now that she has her discharge coming up. Mrs. Eleanor Hemming accompanied her husband, George, to Regina last weekend. Mrs. J. Barnard returned to her home in Regina after six months here. Mrs. Litalian spent the previous weekend with her husband. Just for the books not for the patients, the bar is open in Fort Qu-Appelle. Please make sure you have enough cab fare to return to the San.



RESIDENCE LIFE AT FORT SAN

On April 13th a group of Affiliates representing the Regina Grey Nuns and General Hospitals, Moose Jaw Union and Providence Hospital, Yorkton General Hospital and Humboldt St. Elizabeth Hospital arrived at Fort San to begin a four-week affiliation. The first morning we were taken on a tour of the hospital and residence by Mrs. Shorten, Student Instructress. In the afternoon we were

orientated to the wards in which we were assigned. The following day passed quickly with a schedule of duty, classes and social life. In leisure time we toured the grounds and tried our skill at hill-climbing. As previous classes, we too have planned a class party for the last week of our educational and enjoyable stay. All too soon our four weeks will be up and another group of Affiliates will take our place.

H. WEBER, Student Nurse.

(Continued from page 5)

distance I could hear coughing. My knowledge of tuberculosis was only slight. At home we usually referred to it as the white plague or consumption. Somewhere I had seen pictures of sanatorium patients snug in their white beds. These patients looked happy and peaceful. But this first night as I lay listening to this coughing I felt almost fearful. I then realized that I would spend several years bringing my disease under control. I've had my ups and downs and am now in for the third time. The second treatment was occasioned by my developing symptoms in a knee and this resulted in an operation which has made the knee joint stiff. Nowadays I understand that often joint tuberculosis can be brought under control by the use of drugs.

My present treatment was preceded by overwork moving some school furniture. I then developed some soreness in my side and in a few days began to expectorate pusy sputum. I sent some of this to the san and the report came back that there were germs of tuberculosis. People tend to disregard sputum but sometimes even little bits will make the diagnosis as in my case this time. Since I am now a school teacher it was proper that I get away from the school and under treatment.

However there is a bright side in that I am now expecting to be released soon. Furthermore several years ago I thought I should find a wife, and fortunately there was a lady who agreed, and by the way my wife brought with her two children, so I have a ready made family. You will be glad to hear that even recently the children were both tuberculin negative which assures me that I had been a closed case. My wife had worked

in a mental hospital before her first marriage and had been protected by vaccination with B.C.G. and so was tuberculin positive. I am also happy in the teaching profession which Dr. George Hames advised me to take up many years ago.

This week, arrangements were made so that I could write two university examinations right here in the sanatorium. And I must not forget the help which I have received from nurses, aides, orderlies and cleaners, and occasionally the maintenance staff, many of whom have done personal favors for me. Then there are patients whose very presence seems to give one the feeling of security. Some of them have become my personal friends whom I will always remember. When I am finally discharged the pleasant memories will outweigh the unpleasant.

It is only natural that one who has spent so many years fighting tuberculosis would speculate on the future. When I came in for the third time some fifteen months ago there was only one floor operating at Saskatoon and the League was debating closing the institution. But the disease appears to undulate so that now in May, 1960, there are patients on all floors except the first. When I entered in 1935 the principal treatment was rest, fresh air and good nourishment. These are still important but today they can be supplemented with drugs and surgery. Some patients develop a resistance to drugs, and patients still die of tuberculosis. I believe that despite the lost battles, the forces of control and irradiation will win. Perhaps at a future date I might write an article on what, in my opinion, the elementary and high schools could do in this war on tuberculosis.



THE PATIENT'S LAMENT

They all do the very best they can.
 We hate to leave the old Sask'abush San
 When we get home and are perfectly
 well,
 We'll have some grand old stories to tell.
 Doctor speaks Latin so that we don't
 know,
 We don't care it costs us no dough.
 If the pills and needles seem very bad,
 Smile and say "the best you ever had."
 The nurses are strict as heck, but, oh my,
 We take their gaff, say, I wonder why?
 They humor the old, the young they
 flatter
 It's no wonder that we are getting better.
 The girls they work the clock around,
 No better girls can 'er be found.
 We love them all it doesn't matter,
 If some are thin and some are fatter.
 The orderlies sometimes they get rough,
 But never mind they're not so tough.
 If you want one you'll find them where?
 Why, siting in their big soft chair.

—By Wesley Knox.

* * * *

He: "I'm dog-tired tonight."

She: "I'm not surprised. You've growled
 all day."

* * * *

"I've always been religiously inclined,"
 remarked the oyster as it slid down the
 chaplain's throat, "but I never dreamed
 I'd enter the clergy."

* * * *

"Should I marry a girl who can take a
 joke?"

"That's the only kind you'll get."

* * * *

In the good old days when girls wore
 short skirts you could see if a lady was
 knock-kneed—now you have to listen.

* * * *

It is a great misfortune to have neither
 enough wit to talk well nor enough judg-
 ment to be silent.

* * * *

Adversity is sometimes hard upon a man;
 but for one man who can stand prosperity,
 there are a hundred that will stand ad-
 versity.

* * * *

Girl: "Why does it take a woman longer
 to dress than a man?"

Sailor: "Because a woman has to slow
 down for the curves."

* * * *

SWELL COMPARISON

Asking a woman her age
 Is like buying a second hand car;
 The speedometer's been set back,
 But you can't tell just how far.

* * * *

The whisper of a beautiful woman can
 be heard farther than the loudest call of
 duty.

* * * *

If you're 40 and marry a girl of 20, you'll
 be 60 when she's 40. But if you're 20 and
 marry a woman of 40 you'll both reach 60
 at the same time.

* * * *

I felt his breath on my cheek
 And the gentle touch of his hand;
 His very presence near me,
 Like a breeze on a desert sand.
 He deftly sought my lips,
 And my head did gently hold;
 Then he broke the silence with
 "Shall the filling be silver or gold?"

* * * *

Stella (on phone): "Sure, I've been true
 to you! Who is this?"

* * * *

"Too bad your husband got hurt. How
 soon will he be able to go to work again?"

"Not for a long time, I'm afraid, compen-
 sation's set in."

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